

meet during the session of the Senate on April 14, 2010, at 10 a.m., in room 215 of the Dirksen Senate Office Building, to conduct a hearing entitled "Using Unemployment Insurance to Help Americans Get Back to Work: Creating Opportunities and Overcoming Challenges."

The PRESIDING OFFICER. Without objection, it is so ordered.

COMMITTEE ON THE JUDICIARY

Mr. WARNER. Mr. President, I ask unanimous consent that the Committee on the Judiciary be authorized to meet during the session of the Senate, on April 14, 2010, at 9:30 a.m., in room SD-226 of the Dirksen Senate Office Building, to conduct a hearing entitled "Oversight of the Department of Justice."

The PRESIDING OFFICER. Without objection, it is so ordered.

EUROPEAN AFFAIRS SUBCOMMITTEE

Mr. WARNER. Mr. President, I ask unanimous consent that the Committee on Foreign Relations be authorized to meet during the session of the Senate on April 14, 2010, at 2:40 p.m., to hold a European Affairs subcommittee hearing entitled "Unfinished Business in Southeast Europe."

The PRESIDING OFFICER. Without objection, it is so ordered.

SUBCOMMITTEE ON OVERSIGHT OF GOVERNMENT MANAGEMENT, THE FEDERAL WORKFORCE, AND THE DISTRICT OF COLUMBIA

Mr. WARNER. Mr. President, I ask unanimous consent that the Committee on Homeland Security and Governmental Affairs' Subcommittee on Oversight of Government Management, the Federal Workforce, and the District of Columbia be authorized to meet during the session of the Senate on April 14, 2010, at 2:30 p.m. to conduct a hearing entitled "Deployed Federal Civilians: Advancing Security and Opportunity in Afghanistan."

The PRESIDING OFFICER. Without objection, it is so ordered.

SUBCOMMITTEE ON READINESS AND MANAGEMENT SUPPORT

Mr. WARNER. Mr. President, I ask unanimous consent that the Subcommittee on Readiness and Management support of the Committee on Armed Services be authorized to meet during the session of the Senate on April 14, 2010, at 2:30 p.m.

The PRESIDING OFFICER. Without objection, it is so ordered.

SUBCOMMITTEE ON STRATEGIC FORCES

Mr. WARNER. Mr. President, I ask unanimous consent that the Subcommittee on Strategic Forces of the Committee on Armed Services be authorized to meet during the session of the Senate on April 14, 2010, at 2:30 p.m.

The PRESIDING OFFICER. Without objection, it is so ordered.

PRIVILEGES OF THE FLOOR

Mr. BAUCUS. Mr. President, I ask unanimous consent that the following staff be allowed floor privileges during the consideration of the pending bill:

Randy Aussenberg, Claire Green, and Dustin Stevens.

The PRESIDING OFFICER. Without objection, it is so ordered.

NATIONAL CONGENITAL DIAPHRAGMATIC HERNIA AWARENESS DAY

Mr. CASEY. I ask unanimous consent that the Judiciary Committee be discharged from further consideration, and the Senate now proceed to S. Res. 204.

The PRESIDING OFFICER. Without objection, it is so ordered. The clerk will report the resolution by title.

The assistant legislative clerk read as follows:

A resolution (S. Res. 204) designating March 31, 2010, as "National Congenital Diaphragmatic Hernia Awareness Day."

There being no objection, the Senate proceeded to consider the resolution.

Mr. CASEY. I ask unanimous consent that the resolution be agreed to, the preamble be agreed to, and the motions to reconsider be laid upon the table.

The PRESIDING OFFICER. Without objection, it is so ordered.

The resolution (S. Res. 204) was agreed to.

The preamble was agreed to.

The resolution, with its preamble, reads as follows:

S. RES. 204

Whereas the congenital diaphragmatic hernia birth defect is one of the most prevalent, life-threatening birth defects in the United States;

Whereas the congenital diaphragmatic hernia birth defect is a severe, often deadly birth defect that has a devastating impact, in both human and economic terms, affecting equally people of all races, sexes, nationalities, geographic locations, and income levels;

Whereas the congenital diaphragmatic hernia birth defect occurs in 1 in every 2,000 live births in the United States and accounts for 8 percent of all major congenital anomalies;

Whereas, in 2004, there were approximately 4,115,590 live births in the United States, and in approximately 1,800 of those live births, the congenital diaphragmatic hernia birth defect occurred, causing countless additional friends, loved ones, spouses, and caregivers to shoulder the physical, emotional, and financial burdens the congenital diaphragmatic hernia birth defect causes;

Whereas there is no genetic indicator or any other indicator available to predict the occurrence of the congenital diaphragmatic hernia birth defect, other than through the performance of an ultrasound during pregnancy;

Whereas there is no consistent treatment or cure for the congenital diaphragmatic hernia birth defect;

Whereas the congenital diaphragmatic hernia birth defect is a leading cause of neonatal death in the United States;

Whereas 50 percent of the patients who do survive the congenital diaphragmatic hernia birth defect have residual health issues, resulting in a severe strain on pediatric medical resources and on the delivery of health care services in the United States;

Whereas proactive diagnosis and the appropriate management and care of fetuses afflicted with the congenital diaphragmatic hernia birth defect minimize the incidence of

emergency situations resulting from the birth defect and dramatically improve survival rates among people with the birth defect;

Whereas neonatal medical care is one of the most expensive types of medical care provided in the United States and patients with the congenital diaphragmatic hernia birth defect stay in intensive care for approximately 60 to 90 days, costing millions of dollars, utilizing blood from local blood banks, and requiring the most technically advanced medical care;

Whereas the congenital diaphragmatic hernia birth defect is a birth defect that causes damage to the lungs and the cardiovascular system;

Whereas patients with the congenital diaphragmatic hernia birth defect may have long-term health issues such as respiratory insufficiency, gastroesophageal reflux, poor growth, neurodevelopmental delay, behavior problems, hearing loss, hernia recurrence, and orthopedic deformities;

Whereas the severity of the symptoms and outcomes of the congenital diaphragmatic hernia birth defect and the limited public awareness of the birth defect cause many patients to receive substandard care, to forego regular visits to physicians, and not to receive good health or therapeutic management that would help avoid serious complications in the future, compromising the quality of life of those patients;

Whereas people suffering from chronic, life-threatening diseases and birth defects, similar to the congenital diaphragmatic hernia birth defect, and family members of those people are predisposed to depression and the resulting consequences of depression because of anxiety over the possible pain, suffering, and premature death that people with such diseases and birth defects may face;

Whereas the Senate and taxpayers of the United States want treatments and cures for disease and hope to see results from investments in research conducted by the National Institutes of Health and from initiatives such as the National Institutes of Health Roadmap to the Future;

Whereas the congenital diaphragmatic hernia birth defect is an example of how collaboration, technological innovation, scientific momentum, and public-private partnerships can generate therapeutic interventions that directly benefit the people and families suffering from the congenital diaphragmatic hernia birth defect;

Whereas collaboration, technological innovation, scientific momentum, and public-private partnerships can save billions of Federal dollars under Medicare, Medicaid, and other programs for therapies, and early intervention will increase survival rates among people suffering from the congenital diaphragmatic hernia birth defect;

Whereas improvements in diagnostic technology, the expansion of scientific knowledge, and better management of care for patients with the congenital diaphragmatic hernia birth defect already have increased survival rates in some cases;

Whereas there is still a need for more research and increased awareness of the congenital diaphragmatic hernia birth defect and for an increase in funding for that research in order to provide a better quality of life to survivors of the congenital diaphragmatic hernia birth defect, and more optimism for the families and health care professionals who work with children with the birth defect;

Whereas there are thousands of volunteers nationwide dedicated to expanding research,

fostering public awareness and understanding, educating patients and their families about the congenital diaphragmatic hernia birth defect to improve their treatment and care, providing appropriate moral support, and encouraging people to become organ donors; and

Whereas volunteers engage in an annual national awareness event held on March 31, making that day an appropriate time to recognize National Congenital Diaphragmatic Hernia Awareness Day: Now, therefore, be it

Resolved, That the Senate—

(1) designates March 31, 2010, as “National Congenital Diaphragmatic Hernia Awareness Day”;

(2) supports the goals and ideals of a national day to raise public awareness and understanding of the congenital diaphragmatic hernia birth defect;

(3) recognizes the need for additional research into a cure for the congenital diaphragmatic hernia birth defect; and

(4) encourages the people of the United States and interested groups to support National Congenital Diaphragmatic Hernia Awareness Day through appropriate ceremonies and activities, to promote public awareness of the congenital diaphragmatic hernia birth defect, and to foster understanding of the impact of the disease on patients and their families.

HONORING BLACKSTONE VALLEY TOURISM COUNCIL

Mr. CASEY. I ask unanimous consent that the Judiciary Committee be discharged from further consideration of S. Res. 468, and the Senate proceed to its immediate consideration.

The PRESIDING OFFICER. Without objection, it is so ordered. The clerk will report the resolution by title.

The assistant legislative clerk read as follows:

A resolution (S. Res. 468) honoring the Blackstone Valley Tourism Council on the celebration of its 25th anniversary.

There being no objection, the Senate proceeded to consider the resolution.

Mr. CASEY. I ask unanimous consent the resolution be agreed to, the preamble be agreed to, the motions to reconsider be laid upon the table, with no intervening action or debate, and any statements related to the resolution be printed in the RECORD.

The PRESIDING OFFICER. Without objection, it is so ordered.

The resolution (S. Res. 468) was agreed to.

The preamble was agreed to.

The resolution, with its preamble, reads as follows:

S. RES. 468

Whereas, on April 8, 2010, the Blackstone Valley Tourism Council will celebrate the 25th anniversary of its founding;

Whereas, since 1985, the Blackstone Valley Tourism Council has been at the forefront of sustainable destination development, community building, resiliency, education, and scholarly research;

Whereas the Blackstone Valley Tourism Council is a non-profit corporation registered as a 501(c)(3) educational organization and is authorized under Section 42-63.1-5 of the Rhode Island General Laws as the State-designated regional tourism development agency for the Blackstone Valley of Rhode Island;

Whereas the development region of the Blackstone Valley Tourism Council follows

the length and width of the Blackstone River Watershed, from the many tributaries in southern Massachusetts, to the end of the river at the headwaters of the Narragansett Bay in Rhode Island;

Whereas the Blackstone Valley Tourism Council represents the Rhode Island cities of Pawtucket, Central Falls, and Woonsocket, and towns of Cumberland, Lincoln, North Smithfield, Smithfield, Glocester, and Burrillville;

Whereas the Blackstone Valley is the birthplace of the American Industrial Revolution that began in 1790 in Pawtucket, Rhode Island, when Samuel Slater began textile manufacturing in a wooden mill on the banks of the Blackstone River;

Whereas, since its beginning, the Blackstone Valley Tourism Council has worked to develop, promote, and expand the economic and community development base for the cities and towns in the Blackstone Valley to create a viable visitor and cultural destination that preserves the historic heritage of the region;

Whereas the Blackstone Valley Tourism Council works as an interpreter and educator of the history and ecology of the Blackstone River, initiates ongoing international relationships of major importance to the region, provides input on future riverfront and economic development, and develops various recreational activities;

Whereas the work that the Blackstone Valley Tourism Council accomplishes benefits from its partnerships with local social and community development organizations, municipalities, regional and State economic development organizations, educational institutions, and National and international entities;

Whereas the Blackstone Valley Tourism Council was the first recipient of the Ulysses Prize from the United Nations World Tourism Organization (UNWTO) that merits distinction for innovative contributions to tourism policy, sustainable tourism planning, environmental protection and new technologies, and in 2006, the Council received the UNWTO Sbest Certification in tourism governance, the only organization in the United States to earn this certification; and

Whereas, in 2008, the World Travel and Tourism Council (WTTC) recognized the Blackstone Valley Tourism Council with its Tourism for Tomorrow Destination Award, a prestigious sustainable tourism development award, in recognition of the integrated, community-centered, resilient approach of the Council to tourism development and community building: Now, therefore, be it

Resolved, That the Senate—

(1) honors the Blackstone Valley Tourism Council on the celebration of its 25th anniversary; and

(2) wishes the Council continued success.

NATIONAL 9-1-1 EDUCATION MONTH

Mr. CASEY. Mr. President, I ask unanimous consent that the Senate proceed to the immediate consideration of S. Res. 482 submitted earlier today.

The PRESIDING OFFICER. The clerk will report the resolution by title.

The assistant legislative clerk read as follows:

A resolution (S. Res. 482) designating April 2010 as “National 9-1-1 Education Month.”

There being no objection, the Senate proceeded to consider the resolution.

Mr. CASEY. Mr. President, I ask unanimous consent that the resolution be agreed to, the preamble be agreed to, the motions to reconsider be laid upon the table, with no intervening action or debate, and any statements related to the resolution be printed in the RECORD.

The PRESIDING OFFICER. Without objection, it is so ordered.

The resolution (S. Res. 482) was agreed to.

The preamble was agreed to.

The resolution, with its preamble, reads as follows:

S. RES. 482

Whereas 9-1-1 is nationally recognized as the number to call in an emergency to receive immediate help from police, fire, emergency medical services, or other appropriate emergency response entities;

Whereas in 1967, the President's Commission on Law Enforcement and Administration of Justice recommended that a “single number should be established” nationwide for reporting emergency situations, and other Federal Government agencies and various governmental officials also supported and encouraged the recommendation;

Whereas in 1968, the American Telephone and Telegraph Company (AT&T) announced that it would establish the digits 9-1-1 as the emergency code throughout the United States;

Whereas 9-1-1 was designated by Congress as the national emergency call number under the Wireless Communications and Public Safety Act of 1999 (Public Law 106-81; 113 Stat. 1286);

Whereas section 102 of the ENHANCE 911 Act of 2004 (47 U.S.C. 942 note) declared an enhanced 9-1-1 system to be “a high national priority” and part of “our Nation's homeland security and public safety”;

Whereas it is important that policy makers at all levels of government understand the importance of 9-1-1, how the system works today, and the steps that are needed to modernize the 9-1-1 system;

Whereas the 9-1-1 system is the connection between the eyes and ears of the public and the emergency response system in the United States and is often the first place emergencies of all magnitudes are reported, making 9-1-1 a significant homeland security asset;

Whereas more than 6,000 9-1-1 public safety answering points serve more than 3,000 counties and parishes throughout the United States;

Whereas dispatchers at public safety answering points answer more than 200,000,000 9-1-1 calls each year in the United States;

Whereas a growing number of 9-1-1 calls are made using wireless and Internet Protocol-based communications services;

Whereas a growing segment of the population, including the deaf, hard of hearing, deaf-blind, and individuals with speech disabilities are increasingly communicating with nontraditional text, video, and instant messaging communications services and expect those services to be able to connect directly to 9-1-1;

Whereas the growth and variety of means of communication, including mobile and Internet Protocol-based systems, impose challenges for accessing 9-1-1 and implementing an enhanced 9-1-1 system and require increased education and awareness about the capabilities of different means of communication;

Whereas numerous other N-1-1 and 800 number services exist for nonemergency situations, including 2-1-1, 3-1-1, 5-1-1, 7-1-1, 8-